Form No. 2
—9-4-41
5-17-39

FILED

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16206

Registration District No. JUN 4 1943 318

Primary Registration District No. 1007

Registrar's No. 4844

1. PLACE OF DEATH:

(a) County St. Louis, Mo.

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Sanitarium 2

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 mos. 11 ds. In this community about 30 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis (If outside city or town limits, write "RURAL")

(d) Street No. 1217 So. 3rd. St. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME IONA HICKS

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race Colored

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John Hicks

6. (c) Age of husband or wife if alive years

7. Birth date of deceased unknown- about (Month) (Day) 1912 (Year)

8. AGE: Years	Months	Days	If less than one day
about 30			hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Domestic work

11. Industry or business unknown

MOTHER FATHER

12. Name unknown

13. Birthplace St. Louis (City, town or county) Missouri (State or foreign country)

14. Maiden name unknown

15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Thelma A Singler

(b) Address 5400 Arsenal

17. (a) (Burial, cremation, or removal) (b) Date thereof 5-17-43 (Month) (Day) (Year)

(c) Place: burial or cremation City Crematory

18. (a) Signature of funeral director F W Whitel

(b) Address City Hospital No 1

19. (a) MAY 26 1943 (Date received local registrar) (b) J F Breuck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2, year 1943 hour 12:00 minute noon M.

21. I hereby certify that I attended the deceased from 1-23-43, 19..., to 5-2-43, 19..., that I last saw h... alive on 5-2-43, 19..., and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
General Paralysis of the Insane	1-23-1943x
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 2d	

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature M. L. Moore (M. D. or other) M.D.

Address 5400 Arsenal St. Date signed 5/18/43

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed..... Harry E. Jelley

Licensed Embalmer No..... 4078

P. O. Address..... St Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.